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CONFIRMATION NO. 3228

SERIAL NUMBER	FILING OR 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/782,541	02/18/2004 RULE	455	2617	0106-0003
<b>APPLICANTS</b> Jeffrey R. LaFranchise, Newburyport, MA; Vincent Palermo, Westford, MA; Charles M. Marshall, North Andover, MA;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/100,229 03/15/2002 ABN * which is a CIP of 10/004,989 12/03/2001 PAT 7,142,811 and is a CIP of 09/942,372 08/29/2001 ABN and claims benefit of 60/301,529 06/28/2001 and claims benefit of 60/296,229 06/06/2001 and claims benefit of 60/276,398 03/16/2001 (* )Data provided by applicant is not consistent with PTO records.				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> ** 05/11/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		STATE OR COUNTRY MA	SHEETS DRAWING 12	TOTAL CLAIMS 58
			INDEPENDENT CLAIMS 3	
<b>ADDRESS</b> 68103				
<b>TITLE</b> METHODS AND APPARATUS TO DETECT LOCATION AND ORIENTATION IN AN INDUCTIVE SYSTEM				
FILING FEE RECEIVED 1584	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	